

Tests

- Your current inventory of expired or soon to be expiring tests may have an extended expiration date. Check Here <https://www.fda.gov/medical-devices/coronavirus-covid-19-and-medical-devices/home-otc-covid-19-diagnostic-tests#6500baa4af1d1>
 - Scroll midway through the page and choose your brand for additional information.
- LMPHW has ordered 500 tests, they are scheduled to arrive today 9/15/2023. You can reach out to dana.miramontes@louisvilleky.gov if you need tests.
- Moving forward you can order directly from this link <https://redcap.link/KYCOVIDTesting>
 - If you have issues or questions, you can contact KYCOVIDTesting@ky.gov or jennifer.broussard@ky.gov 502-545-1305

Reporting

- There is no federal or state requirements for reporting the results of [OTC tests](#).
- There is no requirement to get a confirmatory test after a positive OTC test.

Masks

- LMPHW has 10,000 masks available
 - Please coordinate with Dana Miramontes dana.miramontes@louisvilleky.gov 502-445-9507
- It is at your facilities discretion if you will require or encourage masking. There will not be a mask mandate imposed by LMPHW.

Mitigating Risk in Congregate Setting

In addition to implementing the recommended prevention steps at each COVID-19 hospital admission level, congregate settings can consider adopting any of the following enhanced prevention strategies:

- Increase and [improve ventilation](#) as much as possible and consider moving activities outdoors, when possible.
- Consult with the health department about testing strategies, including whether to implement routine [screening testing](#).
- Expand use of masks and respirators. Call out facility specific policies especially for staff.
- Add [enhanced cleaning and disinfection](#) protocols.
- Create [physical distance](#) in congregate areas where possible and/or reduce movement and contact between different parts of the facility and between the facility and the community, as appropriate.

Implement Post-Exposure Guidance

Test residents and staff who have been exposed at least five full days after exposure (or sooner, if they develop symptoms) and require them to wear a mask while indoors for 10 full days after exposure, regardless of vaccination status.

Implement Isolation Guidance

Isolate staff, volunteers, and residents who test positive for COVID-19 away from other residents or away from the facility, as applicable, for 10 days since symptoms first appeared or from the date of sample collection for the positive test (if asymptomatic). If the individual has a negative viral test*, isolation can be shortened to be 7 days, as long as symptoms are improving and the individual has been fever-free for 24 hours, the individual was not hospitalized, and the individual does not have a weakened immune system. Note that the isolation period for homeless service sites and correctional and detention facilities is longer than the duration recommended for the general public because of the risk of widespread transmission in dense housing environments and the high prevalence of underlying medical conditions associated with severe COVID-19.

- If multiple residents have tested positive, they can isolate together in the same area. However, people with confirmed and suspected COVID-19 should not be housed together.
- Ensure continuation of support services, including behavioral health and medical care, for residents while they are in isolation.

Quarantine

Quarantine (separating and restricting the movement of people who were exposed to a contagious disease to prevent further transmission in case they become sick) for COVID-19 is no longer recommended for the general public. In shelters and correctional and detention facilities, quarantine can be very disruptive to the daily lives of residents because of the limitations it places on access to programming, recreation, in-person visitation, in-person learning, and other services. However, because of the potential for rapid, widespread transmission of SARS-CoV-2 in these settings, some facilities may prefer to continue implementing quarantine protocols for residents, staff, and/or volunteers who have been exposed to someone with COVID-19. Facilities can base their quarantine policy on their risk tolerance, including factors such as the health of their staff and resident populations and the impact of quarantine on mental health and staffing coverage.

Facilities that choose to implement quarantine can consider a range of approaches to balance their infection control and operational needs and the mental health needs of their residents and staff. Facilities may shift between quarantine approaches to adapt to changes in disease severity and transmissibility of different SARS-CoV-2 variants, or to respond to staffing and space shortages during case surges.

Considerations for facilities implementing quarantine include the following:

- **Housing** – Residents who have been exposed can be quarantined individually or cohorted with others who have been exposed (cohorted quarantine). Facilities using cohorted quarantine should be aware that transmission can occur within the cohort if someone is infected. Using smaller cohort sizes can help minimize continued transmission. Once a cohort is established, additional persons exposed at different times should not be added.
- **Testing** – Serial testing may be used during cohorted quarantine. Within quarantine cohorts, [serial testing](#) every 3-7 days can identify new cases early. If new cases are identified in the cohort, the quarantine period should restart. Serial testing can be used for all residents in a cohort, or prioritized for people who are more likely to get very sick from COVID-19 to identify infections early and assess them for treatment promptly.
- **Movement** – To maintain access to programming during quarantine, facilities may choose to allow residents quarantined as a cohort to move outside of their housing space and continue daily activities as a group. Residents in quarantine should not mix with residents or staff not assigned to their cohort and should wear a mask indoors.
- **Duration** – For facilities choosing to implement quarantine after a person is exposed to someone with COVID-19, a 10-day quarantine period provides the greatest protection from potential COVID-19 transmission to other residents and staff, but is disruptive to their lives and to facility operations. One option to balance these needs is to shorten the quarantine period if an exposed person tests negative after 5 days, but to continue masking indoors through day 10.
- **Monitoring** – Rather than requiring healthcare staff to check all quarantined residents for [COVID-19 symptoms](#), facilities can prioritize symptom checks for residents more likely to get very sick from COVID-19 to identify infections early and assess treatment eligibility.

Q. When space is limited where should COVID19 patients isolate?

A. We encourage the shelter directors to work together to identify and allocate space for isolation housing. LMPHW no longer has contracts in place for hotel or other isolation housing and funding streams to support these contracts has also ended. Would Hotel Louisville be an option? Is one facility better equipped to support isolation housing?

HIPAA

45 CFR 164.512(b) (iv) *A person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition, if the covered entity or public health authority is authorized by law to notify such person as necessary in the conduct of a public health intervention or investigation;*